

**OVHA Pharmacy Programs that "Wrap" Part D Plans**

Plan	Benefit	Potential Beneficiaries	Income Limit	Monthly Premium	Beneficiary Copayment/Coinsurance
<b>Full-Benefit Duals</b>	Coverage of defined drugs in classes that are excluded from Medicare Part D coverage. (Note: Full-benefit duals do not have a PDP deductible, donut hole or coinsurance.)	Aged or disabled with Medicare D pharmacy and/or credible coverage. Resource limit applies.		None	Copayments of \$1.10 through \$6.00 apply to Part D plan coverage; Copayments of \$1, \$2 and \$3, depending on cost of drug, apply to Medicare Part D excluded drugs. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments.
<b>100% LIS-eligible VPharm Members (can be VPharm 1, 2 or 3)</b>	1) PDP copayments of no greater than \$6.00 should be billed to VPharm. Claims greater than this amount will be rejected. 2) Coverage of defined drugs in classes that are excluded from Medicare Part D coverage. (Note: 100% LIS-eligible VPharm members do not have a PDP deductible, donut hole or coinsurance.)	Aged or disabled with Medicare D pharmacy coverage. Requires that Medicare has deemed members eligible for subsidy.	See below: Members can fall into any of the FPL categories listed below for VPharm members.	\$15/\$20/\$50 depending on VPharm plan.	Part D copayment of $\leq$ \$6.00 should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
<b>VPharm 1</b>	1) Payment of the PDP premium not covered by the Low Income Subsidy (LIS) and cost-sharing for drugs covered by beneficiary's PDP and not covered by the LIS (copayment, deductible, coinsurance and "donut hole"), and 2) coverage of defined drugs in classes that are excluded from Medicare Part D coverage.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	$\leq$ 150% of the FPL	\$15 per person	Part D copayment/coinsurance should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
<b>VPharm 2</b>	1) Payment of the PDP premium and cost-sharing for maintenance drugs covered by beneficiary's PDP (copayment, deductible, coinsurance and "donut hole"), and 2) coverage of defined maintenance drugs in classes that are excluded from Medicare Part D coverage.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	$>150\%$ but $\leq 175\%$ of the FPL	\$20 per person	Part D copayment/coinsurance for maintenance drugs should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.

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<b>VPharm 3</b>	1) Payment of the PDP premium and cost-sharing for maintenance drugs covered by beneficiary's PDP (copayment, deductible, coinsurance and "donut hole"), and 2) coverage of defined maintenance drugs in classes that are excluded from Medicare Part D coverage. A requirement of coverage for excluded drugs and cost-sharing for drugs covered by the PDP (including drugs in the donut hole) is that the drug's manufacturer must have a Vermont supplemental rebate agreement.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	>175% but <= 225% of the FPL	\$50.00 per person	Part D copayment/coinsurance for maintenance drugs should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
<b>Healthy Vermonters with Medicare Part D Coverage</b>	Beneficiary pays the state's rate for drugs in classes that are excluded from Medicare Part D coverage.	Aged, disabled with no pharmacy coverage other than Medicare Part D, or coverage with an annual limit that has been met. No resource limit.	Aged or disabled: up to 400% of the FPL; others up to 350%	None at this time	Beneficiary pays the state's rate for drugs

Note: Effective August 1, 2009, OVHA will only cover the cost-sharing (deductible, donut hole and coinsurance) for select statins (HMG COA reductase inhibitors) and proton pump inhibitors (PPIs) for VPharm Part D-eligible beneficiaries.

- Statins – all dosage strengths of simvastatin, lovastatin and pravastatin.
- PPIs – omeprazole RX 10 mg and 20 mg and Prilosec OTC 20 mg.
- Most of the drugs no longer covered by VPharm under this pilot do not require prior authorization (PA) from the Part D Plans. However, if a beneficiary obtains a PA from his/her Part D Plan, the drug will continue to be covered by VPharm.
- A VPharm coverage exception may be possible for a non-covered drug but only when a prescriber can provide, through the OVHA exception process, a detailed explanation regarding drugs that were either found to be ineffective or resulted in adverse or harmful side effects, or were expected to be ineffective or result in harmful or adverse side effects.